

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT-

FILED
May 29, 2007 8:00 am
Secretary of State

04-27-2007 90226 046 ****61.25

DOCUMENT # N06000006026 1. Entity Name TREASURE COAST SPORT FLYERS INC.					
Principal Place of Business 1065 E DOLPHIN DR STUART, FL 34996			Mailing Address 1065 E DOLPHIN DR STUART, FL 34996		
2. Principal Place of Business - No P.O. Box # 2244 S. Federal Hwy		3. Mailing Address 2244 S. Federal Hwy			
Suite, Apt. #, etc. #156		Suite, Apt. #, etc. #156			
City & State Stuart, FL		City & State Stuart FL		4. FEI Number 20-8407940	
Zip 34996		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAISER, MICHAEL J 1065 E DOLPHIN DR. STUART, FL 34996			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Michael J. Kaiser</i></u> Michael J. Kaiser <u>4/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when creating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAISER, MICHAEL J 1065 E DOLPHIN DR STUART, FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kaiser, Michael J. 2244 S. Federal Hwy #156 Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KAISER, ELIZABETH C 1055 E DOLPHIN DR. STUART, FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Kaiser, Elizabeth C. 2244 S. Federal Hwy #156 Stuart FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KAISER, MICHAEL J 1065 E DOLPHIN DR STUART, FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Kaiser, Michael J. 2244 S. Federal Hwy #156 Stuart FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Michael J. Kaiser</i></u> Michael J. Kaiser <u>4/24/07</u> <u>772 480 4068</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					